FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					- 0000		(11) 01 11	10 111100		Company Ac								
Name and Address of Reporting Person*     Brown Jeffrey					2. Issuer Name <b>and</b> Ticker or Trading Symbol H&R BLOCK INC [ HRB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 06/27/2016								Director 10% Owner  X Officer (give title below) Chief Accounting and Risk Offi					
ONE H&R BLOCK WAY				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) KANSAS CITY MO 64			64105	_									Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate)	(Zip)															
			le I - Non-Der	_					red, E		-							
1. Title of Security (Instr. 3)  Common Stock		2. Transaction Date (Month/Day/Yo	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		ate,	3. Transaction Code (Instr. ) 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5) Sec Ben Owi	Amount of curities neficially ned Following		Direct	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Tra	oorted nsaction(s) str. 3 and 4)	(Instr. 4	·)	(Instr. 4)		
		06/27/201	6				M		77,160	A	\$16.0	1 15	0,186.6367	D				
Common Stock		06/27/201	6				M	Ш	38,155	A	\$12.5	9 18	8,341.6367	7 D				
Common Stock		06/27/201	6	5			M	Ш	20,000	A	\$16.8	9 20	8,341.6367	41.6367 D				
Common Stock		06/27/201	6				S	Ш	105,896	D	\$21.833	2 <sup>(1)</sup> 10	2,445.6367	D	,			
Common Stock												4	4,434.256	I		By 401(k)		
			Table II - Dei							sposed of,			Owned					
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	5. No of of Opering Secu Acqu (A) o Disp of (D		erivative ecuritie equired a) or isposed (D) nstr. 3,	6. Date Exe Expiration (Month/Day			7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying	8. Price of Derivat Securit (Instr.	derivative Securities by Beneficia	e Ow s For lly Dir or g (l) (	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh	
				Cod	de	V (A	(D)	Date Exer	cisable	Expiration Date	Title	Amoun or Numbe of Shares						
Call Option to Purchase	\$16.04	06/27/2016		1	М		77,10	60 06/30	0/2012 <sup>(3</sup>	2) 06/30/2021	Comm		\$0.000	0.000	0	D		
Call Option to Purchase	\$16.89	06/27/2016		1	М		20,00	00 07/02	2/2010 <sup>(3</sup>	2) 07/02/2019	Comm		\$0.000	0.000	0	D		
Call Option to	\$12.59	06/27/2016		1	м		38,1:	55 10/0	1/2011 <sup>()</sup>	3) 10/01/2020	Comm	1 48 15	\$0.000	0.000	0	D		

## Explanation of Responses:

Purchase

- 1. The price used is a weighted average of prices within the range of \$21.7519 to \$21.8449. The reporting person will provide full details of the price information reported upon a request from the Commission or any shareholder.
- 2. The options vested in three equal annual installments beginning on the first anniversary of the date of grant.
- 3. The options vested in four equal annual installments beginning on the first anniversary of the date of grant.

Scott W. Andreasen, per Power of Attorney 06/29/2016

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.